

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Full Name (Last, First, Middle Initial) Next Century Fund	Transaction ID: 25080064 Date of Disbursement
Mailing Address 116 South Royal Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22314 Purpose of Disbursement Federal Contribution Candidate Name	Amount of Each Disbursement this Period <div>2000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Inslee For Congress	Transaction ID: 25080065 Date of Disbursement
Mailing Address 303 Massachusetts Avenue, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Rep. Jay Inslee	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund	Transaction ID: 25080067 Date of Disbursement
Mailing Address 209 Pennsylvania Avenue, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement Federal Contribution Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)